



**ARKANSAS STATE POLICE
CONCEALED HANDGUN LICENSE APPLICATION PACKET**

(Cover Sheet)

This Packet Contains:

- 1) Concealed Handgun License Application – **5** pages (not including this page).
- 2) Fingerprint Card (ONLY the **ARASP 1700** card provided is acceptable).
- 3) Copy of **ACT 419 of 1995**, as Amended (for your records).

READ THE FOLLOWING CAREFULLY BEFORE COMPLETING

- 1) The application and all affidavits, etc. must be completed in ink or typewritten (preferred).

INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL BE RETURNED.

- 2) Submit the **ORIGINAL** application. **DO NOT SEND COPIES OF THE APPLICATION.** It is suggested that you copy pages 1 through 5 of the application for your records. Please do not staple, tape, fold or paper clip applications.

- 3) The fingerprint card must be completed in **BLACK INK**. Applicants are responsible for obtaining a complete, classifiable set of fingerprints. It is strongly suggested that fingerprinting be accomplished either through your local law enforcement agency or a private fingerprinting business by a trained fingerprint technician. Your safety instructor may make provisions for this service. Even though your fingerprints may have been done before and may be on file with the FBI, new fingerprints on the ARASP 1700 card will have to be submitted.

- 4) **ACT 419 of 1995** provides that the Sheriff of the County in which an applicant resides and the Chief of Police (if the applicant resides within city limits) be given thirty (30) days to object to the issuance of a license. The Pink and Yellow sheets from page 1 and 2 will be sent to them for this purpose.

- 5) **SEPARATE** checks are required. The current amounts are **\$120.00** (license and background investigation fees combined) and for **\$24.00** (FBI fingerprint fee). Either the checks or money orders should be made payable to the **“ARKANSAS STATE POLICE.”**

By law, all fees are **NON-REFUNDABLE**. Be sure **BEFORE** you apply that you are eligible.

- 6) The completed application and all required documents must be **MAILED** to this office within six months from the date of training. Please do not bring your application to this office. If you want to make sure your application has been received by this office, send it **CERTIFIED MAIL-RETURN RECEIPT REQUESTED**. Please **do not call** this office inquiring if we received your application.

Do you reside within the corporate limits of a city or town? Check one: YES ___ NO ___

ARKANSAS STATE POLICE
CONCEALED HANDGUN SECTION
1 STATE POLICE PLAZA DRIVE
LITTLE ROCK, AR 72209

* * **YOUR HANDGUN SAFETY INSTRUCTOR WILL ASSIST YOU** * *